### LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

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STATE OF IDAHO

# State of Idaho



Ben Ysursa Secretary of State

| (Type or print clearly in black ink) |  |
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| See instructions at hottom of page   |  |

|               | See instructions at bottom of page   |                                      |                              |
|---------------|--|--------------------------------------|------------------------------|
| Lobbyist's na | ame and permanent business address   | Date prepared .                      | Period covered               |
|               | SCOTT PUGRUD CONNOLLY & SMYSER, CTD. 134 S. 5 <sup>TH</sup> ST. BOISE, IDAHO 83702 | 3-23-07                              | (Mo.) (Day) (Yr.)            |
| Item 1        | Totals of all reportable expenditures made or incurred by Lobb                     | yist or by Lobbyist's Employer on be | half of Lobbyist's Employer. |

| Item<br>1  | Totals of all reportal  | ble expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |   |                |                |                |  |  |  |
|--|-------------------------|---|---|----------------|----------------|----------------|--|--|--|
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity |                         | *Total Amount for<br>All Employers  | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                |                |                |  |  |  |
|  | Not Have to be Reported | Tan Employers   | Employer No. 1  | Employer No. 2 | Employer No. 3 | Employer No. 4 |  |  |  |
| Entertai<br>Food ar  | nment<br>ad Refreshment | s 36.43   | \$  | \$             | s              | s              |  |  |  |
| Living A   | Accommodations          |   |   |                |                | ·              |  |  |  |
| Adverti  | sing                    |   |   |                |                |                |  |  |  |
| Travel   |                         |   |   | İ              |                |                |  |  |  |
| Telepho  | ne                      |   |   |                |                |                |  |  |  |
| Other E  | xpenses or Services     |   |   |                |                |                |  |  |  |
|  | Total                   | s 36.43   | s   | s              | s              | s              |  |  |  |

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

| Item The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive offi |              |                  |        |   |  |  |  |
|---|--------------|------------------|--------|---|--|--|--|
| 2   | Date         | Place            | Amount | Names of Legislators, Public and Executive Officials in Group |  |  |  |
|   |              |                  |        | :   |  |  |  |
|   |              |                  |        |   |  |  |  |
|   |              |                  |        |   |  |  |  |
|   |              |                  |        |   |  |  |  |
|   |              | •                |        |   |  |  |  |
|   |              |                  |        |   |  |  |  |
|   |              |                  |        |   |  |  |  |
|   |              |                  |        | ·   |  |  |  |
|   |              |                  |        |   |  |  |  |
|   | Continued on | attached nage(c) | '      |   |  |  |  |

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| INSTRUCTIONS   | Item<br>3 | Employer(s) Name(s) and Address(es)  |
|--|-----------|--|
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code                      | No. 1     | AT&T Services, Inc.<br>2535 E 40 <sup>th</sup> Ave., B1200<br>Denver, CO 80205       |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. | No. 2     | Capital Investors, L.L.C<br>10280 W. Ustick Road<br>Boise, ID 83704                  |
| TO BE FILED WITH:  Ben Ysursa Secretary of State   | No. 3     | College of American Pathologists<br>1350 I Street NW Ste 500<br>Washington, DC 20005 |
| PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282                        | No. 4     | Gemplan<br>1575 Baldy Avenue<br>Pocatello, ID 83201                                  |

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#### State of Idaho

Ben Ysursa Secretary of State

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LOBBYISTS (Sec. 67-6619)

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| (Type or print clearly in black ink) See instructions at bottom of page   |                       |              | ·  |             |                   |                          |
|---|-----------------------|--------------|--|-------------|-------------------|--------------------------|
| Lobbyist's name and permanent business address  |                       | Date         | prepared   |             | Perio             | d covered                |
| SCOTT PUGRUD CONNOLLY & SMYSER, CTD. 134 S. 5 <sup>TH</sup> ST. BOISE, IDAHO 83702  |                       | 3-23-07      |  | J .         | (Mo.) (Day) (Yr.) |                          |
| Item Totals of all reportable expenditures made   | le or incurred by Lob | byist or b   | y Lobbyist's Emplo   | oyer on b   | ehalf of Lol      | byist's Employer.        |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers |                       |              | ibuted by each emplo   | oyer (Ide   | ntify employ      | ers, under               |
| Do Not Have to be Reported  | Employer No.          | 5            | Employer No. 🕹   | Empl        | oyer No. 1        | Employer No. 8           |
| Entertainment Sound and Refreshment \$ 36.43  | _ s <u> </u>          | s            | <del>\tag{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex</del> | \$          | 0                 | s <u> </u>               |
| Living Accommodations   | _                     | _   -        | i  |             |                   |                          |
| Advertising   | _                     | -            |  |             |                   |                          |
| Travel  |                       | -            |  | ***         |                   |                          |
| Telephone   |                       | _            |  |             |                   |                          |
| Other Expenses or Services  | _                     | -            |  |             |                   |                          |
| *When the number of employers you are reporting for req   | \$ S                  | s to be f    | iled a total amount  | \$          | polovers show     | \$ &                     |
| Item The totals of each expenditure of more than fifty  |                       |              |  |             |                   |                          |
| 2 Date Place  |                       | mount        |  |             |                   | utive Officials in Group |
|   |                       |              |  |             |                   | :                        |
|   |                       |              |  |             |                   |                          |
|   |                       |              |  |             |                   |                          |
| Continued on attached page(s)   |                       |              |  |             |                   |                          |
| INSTRUCTIONS  |                       | Item<br>· 3  | Emp  | oloyer(s) N | Name(s) and A     | Address(es)              |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code   |                       |              | The Hertz Corporation<br>225 Brae Blvd.<br>Park Ridge, NJ 07656  |             |                   |                          |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.                                |                       |              | Idaho Ambulatory Surgery Care Association<br>P.O. Box 2668, 305 W. Jefferson<br>Boise, ID 83701  |             |                   |                          |
| TO BE FILED WITH:  Ben Ysursa  Secretary of State   |                       | No. 7        | Idaho Patholo<br>PO Box 663<br>Boise, ID 83  |             | ety               |                          |
| PO Box 83720  Boise, ID 83720-0080  Phone: (208) 334-2852 Fax: (208) 334  |                       | No. <b>§</b> | Idaho Truckir<br>5171 Overlar<br>Boise ID 83   | nd Road     | ciation           |                          |

## LOBBYIST MONTHLY REPORT FORM



#### State of Idaho

Ben Ysursa Secretary of State

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LOBBYISTS (Sec. 67-6619)

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| (Type or print clearly in black ink) See instructions at bottom of page   |                   |             |  | .                 |                                       |  |
|---|-------------------|-------------|--|-------------------|---------------------------------------|--|
| Lobbyist's name and permanent business address  |                   | Date        | prepared   |                   | Period covered                        |  |
| SCOTT PUGRUD  CONNOLLY & SMYSER, CTD.  134 S. 5 <sup>TH</sup> ST.  BOISE, IDAHO 83702   |                   |             | 3-23 (   | 07                | (Mo.) (Day) (Yr.)                     |  |
| Item Totals of all reportable expenditures made o   | r incurred by Lol | obyist or b | y Lobbyist's Emplo   | oyer on behalf o  | f Lobbyist's Employer.                |  |
| Category of Expenditure  Raimbursed Personal Living and Travel  Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers | Item 3, at botton | n of page.) |  |                   |                                       |  |
| Do Not Have to be Reported  | Employer No       | .~1         | Employer No.   | Employer No       | Employer No.                          |  |
| Entertainment Food and Refreshment  \$ 36.43  | s 36.43           | \           |  | \$                | \$                                    |  |
| Living Accommodations   |                   | -           | · ;  | ·                 | · · · · · · · · · · · · · · · · · · · |  |
| Advertising   |                   | _   -       |  |                   |                                       |  |
| Travel  |                   | _   -       |  |                   |                                       |  |
| Telephone   |                   | _           |  |                   |                                       |  |
| Other Expenses or Services  |                   |             |  |                   | ·                                     |  |
| *When the number of employers you are reporting for require   | s 36.43           |             | iled a total amount  | for all employers | \$s should be entered on Page 1.      |  |
| Item The totals of each expenditure of more than fifty do   |                   |             |  |                   |                                       |  |
| 2 Date Place  | A                 | mount       | Names of Legisla   | itors, Public and | Executive Officials in Group          |  |
|   |                   |             |  | ,                 |                                       |  |
|   |                   |             |  |                   |                                       |  |
|   |                   |             |  |                   |                                       |  |
| Continued on attached page(s)   |                   |             | ·  |                   | <u> </u>                              |  |
| INSTRUCTIONS  |                   | Item<br>3   | Emp  | loyer(s) Name(s)  | and Address(es)                       |  |
| Who should file this form: Any lobbyist registered un 67-6617 Idaho Code  | der Section       | No. 9       | The Professional Bail Agents of Idaho<br>13 E. Main Street<br>Weiser, ID 83672 |                   |                                       |  |
| Filing deadline: Monthly reports due within ten (10 month for activities of the past month.   | ) days of the     | No.         | No.  |                   |                                       |  |
| TO BE FILED WITH:  Ben Ysursa  Secretary of State   |                   | No.         |  |                   |                                       |  |
| PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Figs. (208) 334-225   | 82                | No.         |  |                   |                                       |  |

| Item<br>4 |                |   | •   |   | blic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.  Name of Legislator, Public or Executive Official Receiving or Benefiting |   |      |  |  |  |
|-----------|----------------|---|---|---|---|---|------|--|--|--|
|           | I              | Date  | Amount  | Na  |   |   |      |  |  |  |
| Item 5    | Subjet or He L | ect matter o<br>ouse Bill,<br>obbyist w<br>Bill, Re | of proposed legislati<br>Resolution or other<br>as supporting or op | ion, the number of the Senate legislative activity in which |   | LEGISLATIVE SUB  Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics   | JECT |  |  |  |
|           |                |   |   |   | 03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16  | and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, municipal Government, special districts Government, state   |      | Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) |  |  |
| 6 b       | id or b        |   | s, financial services   | sion, procurement, contract,<br>3 or bond lobbyist was      | <   | CERTIFICATION: I hereby certify correct statement in accordance with the company of the company |      |  |  |  |

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